

READINESS TO CHANGE **LIFESTYLE ASSESSMENT**

NAME _____ PHONE _____

ADDRESS _____

Following are descriptions of healthy lifestyle behaviors. Read each, then select the statement that best describes your intentions or current practice.

Behavior/Intentions

Healthy Lifestyle Descriptions	1	2	3	4	5
	Doesn't match my behavior and I don't intend to change in the next 6 months.	Doesn't match my behavior but I do intend to change to be more like it in the next 6 months.	Doesn't match my behavior but I do intend to change to be more like it in the next 30 days.	Is similar to my behavior but I've been doing it for less than 6 months.	Is similar to my behavior and I've been doing it for 6 months or longer.
Healthy diet _____ Eat a variety of foods, with plenty of grains, vegetables, and fruits. Choose foods low in fat, saturated fat, and cholesterol as well as moderate in sugar and sodium. (mark only 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy body weight _____ Maintain a stable, healthy body weight (avoiding fluctuations of greater than 10 pounds). (mark only 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity _____ Get 30 minutes or more of moderate-intensity physical activity on most or all days of the week. (mark only 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management _____ Effective in dealing with stress through coping skills such as deep breathing exercises, physical activity, hobbies, meditation, relaxation, counseling. (mark only 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco free _____ Avoid using cigarettes, cigars, smokeless tobacco, or snuff. (mark only 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have never used tobacco, mark here. <input type="checkbox"/>					

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